Edgar Filing: ALLSTATE CORP - Form 4

ALLSTATE Form 4	CORP											
February 17	, 2005											
FORM		STATES	SECUE	RITIES	AND	EXC	THAT	NGE C	OMMISSION		PROVAL	
		STATES		shington					0101101001010	OMB Number:	3235-0287	
Check this box if no longer										Expires:	January 31, 2005	
subject to STATEMENT OF C Section 16. Form 4 or				SECU	RITI	ES					nated average en hours per	
obligatio may com <i>See</i> Instr 1(b).	ns Section 17	(a) of the		tility Ho	lding	Com	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type]	Responses)											
PILCH SAMUEL H Symbol				er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		f Earliest 7	-				(Check all applicable)			
(Month/D THE ALLSTATE 02/16/20 CORPORATION, 2775 SANDERS				Day/Year)					Director10% Owner XOfficer (give titleOther (specify below)below) Controller			
ROAD												
	(Street)	<		endment, E nth/Day/Yea		riginal			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	one Reporting Pe	rson	
NORTHBR	OOK, IL 60062	-6127							Person		r8	
(City)	(State)	(Zip)	Tabl	e I - Non-	Deriv	ative S	Securi	ties Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			ion(A)	ecuriti or Dis str. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
~				Code V	/ An	nount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/16/2005			М	14,	502	А	\$ 42.5	46,723 <u>(1)</u>	D		
Common Stock	02/16/2005			F(2)	864	4	D	\$ 53.29	45,859 <u>(1)</u>	D		
Common Stock	02/16/2005			S	13,	624	D	\$ 53.5	32,235 <u>(1)</u>	D		
Common Stock									1,809.5522 (<u>3)</u>	Ι	by 401(k) Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 42.5	02/16/2005		М		14,502	08/13/1999	08/13/2008	Common Stock	14,502

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PILCH SAMUEL H THE ALLSTATE CORPORATION 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127			Controller					
Signatures								
SAMUEL H 02/17/2	005							

PILCH

**Signature of Reporting Person Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1(c) trading plan adopted by the reporting person on (1)August 6, 2004.
- (2) Delivery of shares to issuer to pay minimum tax withholding liability incurred in connection with the exercise.
- Reflects acquisition of 205.1083 shares of The Allstate Corporation common stock since December 21, 2004 under The Savings and (3)Profit Sharing Fund of Allstate Employees, a 401(k) plan, pursuant to the most recent plan statement, dated February 14, 2005.

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.